OREGON HEALTH POLICY COMMISSION

January 20, 2005 **Oregon State Library, Room 103**
1:07p.m. Tapes 1-2

MEMBERS PRESENT:	**Vanetta Abdellatif** **Jonathan Ater** **Kerry Barnett** **Geoff Brown** **Alice Dale** **Senator Richard Devlin** **Senator Ben Westlund** **Vickie Gates** **Rick Wopat, MD** **Jim Lussier (via telephone)**
MEMBERS EXCUSED:	**Representative Bill Garrard** **Governor Barbara Roberts** **Jorge Yant**
STAFF PRESENT:	**Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)** **Jessica van Diepen, Assistant, Oregon Health Policy Commission (OHPC)**
GUEST SPEAKERS:	**Bob Nikkel, Administrator, Office of Mental Health & Addiction Services (OMHAS)** **Erinn Kelley-Siel, Governor's Office, Health & Human Services Advisor**

ISSUES HEARD:

- **Introduction of new Commission Director**
- **Legislative Update**
- **Report from the Governor's Mental Health Taskforce**
- **New Initiative Reports**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 1, A		
005	**Kerry Barnett**	• Roll taken and there is quorum. Call to order. Minutes for December 16, 2004 approved.
063		**Introduction of new Commission Director, Gretchen Morley** • Gretchen will be meeting with individual Commissioners and others; please let her know of anyone you think she should meet.
110	**Kerry Barnett**	**Legislative Update (Exhibit D)** • Kerry Barnett & Gretchen Morley met today with Sen. Morrisette and Rep. Dalto; they will meet with Sen. Monnes-Anderson later today. Purpose: make legislators aware of Commission's trajectory

TAPE/# TAPE 1, A	Speaker	Comments
		and get an idea of how to best stay connected and provide assistance to legislators. • Sen. Morrisette asked that Gretchen brief the Senate Human Services Committee on Commission activities and goals. • Rep. Dalto is hearing testimony this week on HB 2025 (Fluoridation) in the House Water Committee. The testimony has been largely against the bill; legislators throughout the building are being barraged with negative email about it; Gretchen will be in contact with the Oregon Dental Association about its members being more visible in championing the bill. To date, the Commission has not actively supported its legislation at the Capitol, & as a result it is foundering. • Commission's House Democratic member will be announced as soon as House leadership decides who will be named.
150		***Discussion*** • Commission's role in supporting its own legislation is still uncertain. The group agrees that it should find ways to support its legislation throughout session, either through coalition-building or direct contact with legislators & stakeholders. • Kerry notes that Commission should look to the future when deciding how to support its legislative agenda and take care to not compromise its political legitimacy.
315	**Erinn Kelley-Siel**	**September 2004 Report from the Governor's Mental Health Taskforce (Exhibit E)** • The Governor's office will begin on Monday to work in earnest with both House and Senate in moving legislation on mental health parity; Erinn Kelly-Siel sees Commission role in this effort and other health policy efforts as an "umbrella", a convener of State agencies to ensure coordination. • Taskforce especially charged with analyzing the nexus of mental illness and the criminal justice system. • Taskforce studied mental health reports from Kitzhaber & Goldschmidt administrations to establish a baseline and determine what progress has been made and what remains to be done.
385	**Bob Nikkel**	• Ten systemic problems: 1) *System is significantly underfunded* 2) *Need for greater clarification of the role of Local Mental Health Authorities (the county Board of Commissioners) & the Mental Health Organizations responsible for the Medicaid managed care systems*. In some counties, these are well integrated, in others, they are not 3) *The State's administration and funding of mental health services is not well coordinated or commonly managed*. OMHAS controls only a portion of the total State spending for mental health. Other entities include jails. 4) *Too many persons with mental illness are in prisons and jails*. One effort underway is the updating of the jail manager's survey, which will provide a much more accurate picture of where we are 5) *Too few community resources, particularly housing, for persons with mental illness*. There are strides being made in this area; Vickie Skryha and the State Housing Community Services Department have collaborated in developing

TAPE/#	Speaker	Comments
TAPE 1, A		

$75 million worth of subsidized, independent living facilities well integrated into their communities, assisted-living and group homes. Still, there is a shortage of 14,000 "safe, affordable" units 6) *Failure to plan for, invest in, & maintain adequate community resources causes gridlock in the entire public mental health system* 7) *Lack of early intervention & prevention (especially with children)* An example of the "right" way to achieve this is the Early Assessment Supports & Treatment Project (EAST) funded by Robert Wood Johnson & Northwest Health Foundations (Kids 16-24 experiencing their first psychotic break are "wrapped around" with the best services possible, taking care not to over-medicate them, trying to keep them out of hospital and get them back in school or early employment. This is more costly at the front end than the current system, but prevents expensive hospitalization, etc. This project has an 89% success rate getting kids back in school or in competitive jobs) 8) *No State mandate for mental health parity* 9) *Lack of technology infrastructure* 10) *Lack of integration of health systems* (Mental health & physical medicine, urban & rural).

- 50 action items address these 10 problems, and each of the 50 is assigned to someone on Bob's staff to keep track of and be points of contact for; that information is on the OMHAS Website.

540

Discussion

- Senate Health Policy Committee (Monnes-Anderson, Chair) has two placeholder bills for future mental health parity efforts. Monday, January 22, at 1pm, it will hear testimony on SB 222, dealing with affordable family housing for people with mental illness.
- Increase in cost to the State associated with legislative implementation of parity would only affect the Oregon Medical Insurance Pool (OMIP), because the Public Employee Benefit Board (PEBB) & the Oregon Health Plan (OHP) have already implemented parity.
- PEBB has had parity for a year and will soon release cost data.
- Current efforts at parity would affect only the insured market, and not the self-insured market; cost data to the private sector for parity implementation is not currently available. Joel Ario (Insurance Division) has been tasked by the Governor's office with gathering this information.
- Erinn Kelley-Siel is asked to provide implementation cost and health status data across public & private sectors, however, there are currently no systems in place to capture these outcome measures (Net cost changes & health status).
- Many of the problems outlined are ones that were identified years ago; what can be done in the immediate future to improve the system? Bob Nikkel responds that the culture in law-Enforcement, especially in county jails, is much more aware of and open to working with the mental health field than it has been in the past. Better integration of physical medicine and mental health providers, cooperation across disciplines, is a cultural challenge but is something that can have an immediate positive impact.

TAPE/#	Speaker	Comments
TAPE 1, A		

- Bush administration taskforce has identified the fragmentation of funding, beginning at the federal level, as a significant impediment to quality mental healthcare. Until funding streams are unified, there is no incentive for providers to coordinate & communicate with one another.
- When considering the funding of healthcare services, legislators think in terms of the length of care of the average user; that funding bone fractures which require several weeks of care is less daunting than the idea of funding the treatment of a chromic mental illness requiring years of drugs and counseling.
- Bob Nikkel responds that the mental health field is coming to expect significant degrees of recovery; that patients are stabilizing and returning to the work force and moving away from intense long-term care.

TAPE 1, SIDE B
010

- The Commission should reframe its dialogue to break down the artificial barriers erected within the healthcare system. Instead of "mental" and "physical" medicine, instead of "acute" and "long-term" care, we need to think holistically and use vocabulary that reflects a vision of life-long care (birth to death) and an interdisciplinary approach to treatment, i.e. diabetes-related depression.
- Decision making in health policy moves at a glacial pace because of a desire for nonexistent or immeasurable data; this is problematic because real people need real-time care & solutions.
- Chair asks presenters how the Commission can add value to their efforts. Erinn Kelley-Siel responds that Commission should review the 50 action items in the report and determine which ones overlap with Commission goals/initiatives. From there, the Taskforce and HPC can collaborate on areas they have in common.
- Pages 18-19 of the Taskforce report outline legislative recommendations, (especially State Hospital improvement efforts & EHR). The Commission should consider and weigh in on these.

390 — **V. New Initiative Reports**

Vickie Gates — **Quality/Transparency (Exhibit F)**

- "Transparency" may be too ambiguous or politically charged; we may want to rename this initiative in the future.
- Performance information useful not only to consumers but also to providers and purchasers as benchmark tool.
- Existing data, though not perfect, can be used as a starting point. We need to make use of existing quality measures & continue to encourage & incentivize the implementation and use of a technology infrastructure.
- Vickie Gates and Jonathan Ater will assemble a workgroup membership made up of former members of the Quality and Transparency workgroups and others.

433 — ***Discussion***

- Chair expects the EHR Subcommittee to present its report at the Feb 17 Commission meeting.

TAPE/#	Speaker	Comments
TAPE 1, B		

- Sen. Westlund asks that Dr. Goldberg talk to Sens. Frank Morse and Dave Nelson about EHR Subcommittee efforts ahead of its March report to the Legislature.
- Efforts already underway include Medicare's initial hospital indicators of quality (Oregon hospitals are participating), California Health Foundation's Hospital Report Card, Robert Wood Johnson Foundation's Rewarding Results program. Review of these will be valuable first step for new workgroup
- What entity will manage the Website, etc? The Commission should facilitate the creation of a quasi-public entity, 501C3 entity to raise funds from, for example, the Northwest Health Foundation or the Oregon Community Foundation.
- A trustworthy entity with a stable funding stream, an established governorship, and a convening of health-policy decision makers is necessary in order to move forward a successful transparency agenda; this effort requires a longitudinal ability to collect and analyze data over time, thereby showing clarity and commitment to the goal.
- There is agreement that "transparency" is a good word to describe the idea of sharing information for the purpose of improving the system; it is the opposite of "opaque", which is the status quo. Minnesota hospitals just released a statewide report on "adverse events"; it was supported by the Minnesota Hospital Association with the goal of sharing data and finding solutions to reduce the frequency of adverse events.
- Even if the industry were mandated by the State to share such data, in its raw form it is too "disaggregated" to be useful for providers to see patterns within their practices and make improvements, i.e. each plan keeps its own data in its own way and reports it in its own way with few long-term measurements because people move in and out of plans; envisions the creation of a central database with uniform reporting on a "clinician-patient" basis rather than a health plan basis ala "The Clearinghouse Project".
- Until we have such a database, we need to use what data we have (especially Dr. Grant Higginson's Health Department report & Regence's "Book of Business" report) and get to work.
- There is consensus that this proposal be accepted and the workgroup be assembled and get to work.
- In the goal statement, more than "value for the resources invested," should be the idea that we are establishing a foundation upon which both consumers and providers can make informed decisions, a "value-based, decision-making process". Wants to see a statement that is very targeted to say that we need to change the status quo from an entitlement system to one of shopping for services on the basis of the best quality for the lowest price.

825	**Rick Wopat**	**Delivery System Models Workgroup Proposal (Exhibit G)**

- Encourage local solution to issues of access and coverage by facilitating and promoting innovation in healthcare delivery system design at a local and regional level in Oregon.
- Assemble a group of individuals interested and active in delivery system innovation, including some inter-state cooperation with

TAPE/#	Speaker	Comments
TAPE 1, B		
		parties in Washington to discuss best practices (current projects in Oregon include Carlton Purvis, Health Care Coalition of Southern Oregon; Ken Provencher, Lane County 100% access project and Jennifer Pratt, consultant; Tina Castanares, Hood River; Lisa Ladendorf, eastern Oregon; Rick Wopat, Linn-Benton & Lincoln Counties). Rick Wopat would like to get these people together to present a report to the Commission. • Communities Joined in Action national conference in Florida in March. • The next step is making the various levels of government aware of these innovations so they can facilitate them. • Workgroup will identify best practices, barriers to innovation, establish metrics (% of counties in Oregon that have "100% access" projects), and identify methods for facilitating regional health planning coordination.
TAPE 2, SIDE A (010)		
		• Communication & coordination between counties and communities will be the key to success. ***Discussion*** • There are two drivers for innovation: 1) increased access to care 2) increased quality & efficiency. • Access should be the 1st priority; maintenance and cost-containment are very important for stop-loss of employer-provided insurance. • Access to specialty hospitals is another argument for the need for different delivery models, as specialty hospitals currently fall outside of the safety-net system and are believed to provide superior quality care. • Emerging national changes to Medicaid may provide Oregon with grant opportunities for pilot projects and that the Commission needs to be on the ball in tracking those. • Request for some tangible examples of past successful projects. • Request for workgroup or an offshoot to address reimbursement methodology. • Request for Rick Wopat to give a "Delivery Systems 101" lecture or host a field trip to give Commissioners a better understanding of why current delivery models are bad and how existing pilot projects are superior. • The Commission needs to remember that the best delivery model for a community will be unique to that community; there is no one-size-fits-all solution. • Rick Wopat & Vanetta Abdellatif will assemble workgroup membership and get it started working and strategize about possible corollary groups; Sen. Westlund would like to provide them with input about membership.
449	**Jim Lussier**	**Healthy Oregon Program (Exhibit H)** • Program would serve as a statewide voice for the health status issues the Commission has prioritized and inspire a unity of effort between government, hospitals, schools, and citizen groups across Oregon

TAPE/#	Speaker	Comments
TAPE 2, A		
578		***Discussion*** • Staffing for the program: we might enlist the support of hospitals/hospital groups/businesses to donate man-hours. Perhaps recruit county health departments to pitch in staff expertise & resources for health promotional activities. • Program should enlist not only local governments but also existing coalitions (i.e. "Healthy Active Oregon") to coordinate efforts around common priorities. • There is consensus to adopt this proposal and assemble membership • Bruce Goldberg suggests recruiting Gary Weeks of DHS and the new State Public Health Administrator to help assemble a team from within public health and the Public Health Advisory Board. This team would coordinate the Healthy Oregon Program • This effort is valuable enough to warrant an investment of State funds; it may require only 1 FTE to administer the program. **Meeting adjourned 4:18 p.m.**

Assignments:

- Dr. Goldberg talk to Sens. Frank Morse and Dave Nelson about EHR Subcommittee efforts ahead of its March report to the Legislature and have the Senators' staff contact Jody Pettit about how they can help her and the Subcmte
- Vickie Gates & Jonathan Ater will assemble Quality/Transparency Workgroup membership and get them started
- Rick Wopat & Vanetta Abdellatif will assemble Delivery System Workgroup membership and draft a final version of the work plan
- Rick Wopat will give a presentation at the Feb 17 meeting on concrete delivery models
- Jim Lussier and Bruce Goldberg will contact Gary Weeks to identify and coordinate with existing efforts; Jim will begin to assemble Healthy Oregon Program Workgroup.

Next agenda:

- "Delivery System Models 101", Rick Wopat

Submitted By:	**Reviewed By:**
Jessica van Diepen	Bruce Goldberg, MD
Health Policy Commission Assistant	Health Policy Commission, Acting-Director

EXHIBIT SUMMARY

A – Agenda
B – HPC Meeting Dates
C – Meeting Minutes December 16, 2004
D – Status Report – House Bills & Legislative Concepts
E – September 2004 Report from the Governor's Mental Health Taskforce
F – Quality/Transparency Workgroup Proposal
G – Delivery System Models Workgroup Proposal
H – Healthy Oregon Program Proposal

OREGON HEALTH POLICY COMMISSION

February 17, 2005 **Executive Bldg Room A, Salem**
1:48p.m. Tapes 1-2

MEMBERS PRESENT:	**Vanetta Abdellatif** **Jonathan Ater** **Kerry Barnett** **Representative Billy Dalto** **Representative Mitch Greenlick** **Senator Ben Westlund** **Vickie Gates** **Rick Wopat, MD** **Jim Lussier**
MEMBERS EXCUSED:	**Geoff Brown** **Senator Richard Devlin** **Alice Dale** **Governor Barbara Roberts** **Jorge Yant**
STAFF PRESENT:	**Gretchen Morley, Director, Oregon Health Policy Commission (OHPC),** **Jessica van Diepen, Assistant, Oregon Health Policy Commission**
GUEST SPEAKER:	**Jody Pettit, MD, Electronic Health Records & Data Connectivity Subcommittee**

ISSUES HEARD:

- **Welcome new Commissioners, Reps Dalto & Greenlick**
- **Legislative Update**
- **Report from the Electronic Health Records & Data Connectivity Subcommittee, Dr. Jody Pettit**
- **New Initiative Reports**
- **Presentation: Delivery System Models, Dr. Rick Wopat**

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TAPE/#	Speaker	Comments
TAPE 1, A		
005	**Kerry Barnett**	• Roll taken and there is quorum. Call to order.
018		**Introduction of new Commission member, State Representative Mitch Greenlick**
084		• Minutes for January 20, 2005 approved. • Commissioners: *please double-check meeting locations prior to each meeting, as the venue may change.*

TAPE/#	Speaker	Comments
TAPE 1, A		
091		**Introduction of new Commission member, State Representative Billy Dalto**
155	**Gretchen Morley**	**Legislative Update** • Handout (Exhibit C): OHPR Report to 73rd Legislative Assembly "Trends in Oregon's Health Care Market & the Oregon Health Plan, January 2005". • Summary Report of Commission's September 2004 Community Meetings will be available within the next couple of weeks. • Fluoride bill (HB 2025) got a hearing in the House Water Committee. Dr. Bill Moss, head of oral health at the Centers for Disease Control & Prevention, and Kip Duchon, Chief Fluoridation Engineer, came out from Atlanta to testify on Monday 2/15. There are two amendments before the committee that would (–1) allow municipalities to opt-out or (-2) delay implementation until the State finds funding. There will be a work session on those tomorrow, February 18. • All Commission Legislative Concepts have now been introduced • Gretchen Morley will contact workgroup chairs to help coordinate testimony and support for the bills that originated from their workgroups.
285	**Bruce Goldberg**	• Handout (Exhibit D) Health-Related House & Senate Bills ***Discussion*** • Forecast State budget and no-new-tax policy of this Legislature means no money to extend or add programs, but plenty of time to discuss and improve policy • Commission's role in the legislative process is to generate ideas for good health policy
435	**Jody Pettit**	**Presentation: Electronic Health Records (EHR) & Data Connectivity Subcommittee Recommendations to the House Committee on Information Management & Technology** • Handout (Exhibit E): Draft of Electronic Health Records Subcommittee Recommendations to the 73rd Legislature. • Federal money may now be available to seed this effort (specifically to establish Regional Health Information Organizations). • Report to the Legislature: not finalized; one more meeting of subcommittee before presentation to House Committee on Information Management & Technology; penultimate draft was widely circulated among Oregon stakeholders for input.
730		***Discussion*** • Current implementation of EHR tends to be at larger clinics & at hospitals where the economies of scale make the investment possible; there is an inventory underway of current EHR implementation that it will be a valuable tool, especially when competing for grant dollars.

TAPE/#	Speaker	Comments
TAPE 1, A		• There is a difference of opinion among the Commissioners about whether the increase in electronic personal information is making the public more comfortable or more nervous about it. • "100% availability of EHR and 100% security of EHR can never exist at the same time." In any milieu, there is always a balance that must be struck between freedom and security. • Paper documents are even less secure than electronic ones.
TAPE 1, SIDE B		• The Health Information Technology Coordinator recommended by the Subcommittee should be given enough authority to break through some existing barriers to EHR implementation and have more power than to simply coordinate. • In promoting EHR adoption, it is important to remember that EHRs are the means to an end, a tool to improve quality, safety, and efficiency. • The report should include explicit instructions on how the Legislature can implement the recommendations. • Commission needs to work with the sponsors of SB 541 to ensure that their efforts are in synch with ours. • Motion is made and approved to support the findings and recommendations of the Subcmte as it reports to the Legislature in March.
387	**Vickie Gates**	**New Transparency Work Group** • This group will convene right away to review the group charter and coordinate with OHPR on the data it already has or can easily obtain in order to present a useful product to the public. • The membership of this group is a combination of new and old.
439	**Jim Lussier**	***Healthy Oregon*** **Work Group Proposal** • Meeting this morning with Erinn Kelley-Siel, Gary Weeks, Bruce Goldberg & Gretchen Morley about the future of the *Healthy Oregon* program • Reconvened the previous Health Status workgroup this morning. Group recommends continuation of the work group with an expanded membership (including reps from the business community and public schools) to craft a more specific charter and action plan based on the *Healthy Oregon* proposal • One of the first orders of business will be to make an inventory of existing health status efforts in public & private sectors in order to help them coordinate their efforts and resources
550	**Rick Wopat**	**Presentation: Delivery System Model, Samaritan Health Services** (Handout: Exhibit F) ***Goal*** • To create a health system that strives to improve the health of all those living within a service area; universal access to essential services, & focus on community needs.

TAPE/# **Speaker** **Comments**

TAPE 1, B

Steps to success

- 1) Formation of physician/hospital organizations, 2) Formation of Medicaid fully-capitated health plan, 3) Development of community outreach clinics, 4) Development of provider payment system that created incentive for providers to serve everyone regardless of a patient's ability to pay (providers are paid the same regardless of the insurance status of the patient).

Rules

- 1) There is no free health care, only cost shift, 2) Cooperation is more efficient than competition in an environment of limited resources (when services are provided without redundancy & excess capacity), "synergy effect", 3) Minimize outflow (keep as much health care in the area as possible and appropriate for high quality).

Basis for community collaboration

- In single hospital communities, the hospital is the safety-net; therefore, it is in the hospital's interest to provide prevention, early detection & early treatment to all in the community in order to prevent avoidable costs.

Ingredients

- The 5 C's (in order of implementation): Communication, Cooperation, Collaboration, Compromise & Community.
- Leadership (a vignette): in response to managed care upon the arrival of Kaiser & Capital Healthcare, physicians & hospitals in Linn-Benton Counties began integration led by the Board in Lebanon which created Valley Health Care; Albany did the same and formed First Health; Corvallis formed Samaritan Inc. This resulted in alignment of incentives, joint planning & more effective use of financial resources (i.e. no duplication of diagnostic & testing facilities), sharing of risks & benefits of managed care (some benefits include providing physicians with access to technical assistance (in complying with federal & state laws) and capital).
- Common sense of purpose beyond financial gain: serving the community.
- Combination of local & system governance: physicians are represented at multiple levels.

Some Delivery System Services to the Community

- Supporting safety-net clinics (staffing, lab services, etc).
- Health improvement partnerships which convene stakeholders to learn what the community wants and then pursue resources to fulfill those goals (i.e. "Healthy Lebanon", "Healthy Sweethome").
- Health Careers Education Center: enlists and supports students in nursing, lab technology, etc.

TAPE 2, A

Challenges

- Tightening financial environment
- Need for IT and other infrastructure investment
- Transparency
- Partnering with business & labor to establish common goals for community health
- Engaging the business community in the effort to serve the whole community

TAPE/#	Speaker	Comments
TAPE 2, A		

		• Service delivery planning: consolidation of services
210	**Laura Brennan**	**100% Access Projects in Oregon & Other States** (Handout: Exhibit G)
318		***Discussion*** • Commission's role in development of delivery systems is to convene & inspire community leaders and match them up with available resources (Foundations, etc)
360	**Vanetta Abdellatif**	**Delivery System Models Work Group Plan** (Handout: Exhibit H) ***Discussion*** • Rework bold-type paragraph 3, page 1, to reflect that while local or regional efforts can serve as a laboratory for investigating solutions, the OHPC also believes that efforts are equally needed at the federal and state level. • Next steps: 1) assemble group 2) Define the study of local delivery system efforts and how will it be conducted **Meeting adjourned 4:49 p.m.**

Assignments:

- **Interest in hearing updates from Jody Pettit on EHR effort at a future meeting.**
- **Delivery System Models Work Group** Next steps:
  1) Assemble group and review work plan
  2) Define the study of local system efforts to improve access and how will it be conducted
- ***Healthy Oregon Program* Work Group** Next steps:
  1) Expand membership of original health status workgroup (including reps from the business community and public schools)
  2) Convene group and craft a more specific charter and action plan based on the *Healthy Oregon* proposal; and
  3) Develop an inventory of existing health status efforts in public & private sectors in order to help them coordinate their efforts and resources
- **Quality & Transparency Work Group** Next steps:
  1) Convene right away to review the group charter
  2) Coordinate with OHPR on the data OHPR already has or can easily obtain in order to create & present a product useful to the public

Next agenda:

- **Legislative Update**
- **Workgroup Updates**
- **Pay-for-Solutions, Dave Sanders**
- **Health disparities & how they affect communities, Sandy Johnson**

Submitted By:	**Reviewed By:**
Jessica van Diepen	Gretchen Morley
Health Policy Commission Assistant	Health Policy Commission, Director

EXHIBIT SUMMARY

A – Agenda
B – Meeting Minutes January 20, 2005
C – OHPR Report to 73rd Legislative Assembly "Trends in Oregon's Health Care Market & the Oregon Health Plan, January 2005"
D – Summary of Health-Related House & Senate Bills
E – Draft of Electronic Health Records Subcommittee Recommendations to the 73rd Legislature
F– Brochure – Samaritan Health Services
G – Summary of 100% Access projects underway in Oregon and other states
H– Draft of Delivery System Models Work Group Plan
I – "State of the States, Finding Alternate Routes, January 2005" State Coverage Initiatives/Academy Health

OREGON HEALTH POLICY COMMISSION

March 17, 2005 **Oregon State Library, Room 103**
1:12p.m. Tapes 1-2

MEMBERS PRESENT:	**Vanetta Abdellatif** **Jonathan Ater** **Kerry Barnett** **Geoff Brown** **Alice Dale** **Representative Billy Dalto** **Vickie Gates** **Representative Mitch Greenlick** **Jim Lussier (via telephone)** **Senator Ben Westlund** **Rick Wopat, MD**
MEMBERS EXCUSED:	**Senator Richard Devlin** **Governor Barbara Roberts** **Jorge Yant**
STAFF PRESENT:	**Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)** **Jessica van Diepen, Assistant, Health Policy Commission (OHPC)**
GUEST SPEAKERS:	**Albert DiPiero, MD MPH, HealthOregon** **Sandy Johnson, PhD, Multnomah County Health Department** **Maryclair Jorgensen, Portland IPA** **David Sanders, MD, HealthOregon** **Barney Speight, Administrator, Oregon Medical Assistance Program** **Jean Thorne, Administrator, Public Employees' Benefit Board**

ISSUES HEARD:

- **Legislative Update**
- **Workgroup Reports**
- **Health Disparities & Community Impact**
- **Oregon Medical Assistance Program Report on Efficiencies & Cost Drivers**
- **Pay-for-Performance**

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TAPE/#	Speaker	Comments
TAPE 1, A		
000	**Kerry Barnett**	• Roll taken and there is quorum. Call to order. Minutes for February 17, 2004 approved. (Exhibit B) • Please review HB 3653 and Commission "Policy & Procedures" document in advance of the April meeting when we will discuss our charter (Exhibits C & D).
080		***Discussion:*** *Final draft of the EHR Report (Exhibit E)*

TAPE/#	Speaker	Comments
TAPE 1, A		• Remove "Subcommittee Report" from cover page and title page; change "Prepared for" on the title page to "Reviewed and endorsed by". • Change HIT Coordinator recommendation to specify that the Governor will appoint the position that will be funded in the Governor's budget with application for federal funds, administered within the Office for Oregon Health Policy & Research (OHPR), and answering to the administrator of OHPR and to the Governor. • Report approved as amended.
383		***Discussion:*** *2-page Commission description (Exhibit F)* • The "goals" do not match the "principles for reform"; add references to 100% access to the goals statement. • Please review the document and send any concerns or changes to Gretchen Morley via email. There will be further discussion at the April meeting.
425		**Community Forums 2004 Summary Report (Exhibit G)** • Will be posted to the Commission's Website.
445	**Gretchen Morley**	**Legislative Update** (Exhibit H) • Bills heard recently or upcoming at the Capitol: childhood obesity, mandatory physical education, food vendors in schools, workplace-smoking restrictions. • Jody Pettit will be presenting the Commission's EHR Report to the House Committee on Information Management & Technology on March 24. • HB 2025 (Fluoridation of drinking water) will get a vote on the House floor on Monday.
475		***Discussion:*** *Commission role in policy discussions of federal legislation* • Question: what is the Commission's role is in encouraging actions at the federal level (e.g. Medicaid funding)? • The Commission should establish & promote policy positions only when it can exert some influence • Question whether the Commission has the authority under HB 3653 to make recommendations to the Congressional delegation. • It could be problematic if the Commission did weigh in on federal issues with a position at odds with the Governor's position. • There is consensus that the Commission's legislative mandate is to analyze and make recommendations **to the Governor** about any health policy issues that affect Oregonians, whether state or federal. • Question about the chances of the cigarette tax bill getting through the process; restoration of the cigarette tax is remote at this time; it may have a better chance toward the end of Session, but it is hard to predict prior to the Ways & Means decision on the human services budget. • Rep. Greenlick remarks that he is sponsoring HB 2689, which directs the Department of Education to adopt a policy on child health, and suggests that the Commission collaborate with the Department of Education on developing the policy. There are some

TAPE/# TAPE 1, A	Speaker	Comments
		political issues with vendors that make the adoption of a child health policy problematic.
655		**Work Group Reports**
	Jim Lussier	**I. Healthy Oregon Work Group** • Group has not met since the last Commission meeting; however, at the last work group meeting, there was consensus to add some members who would represent the business and educational communities and to further refine the program proposal in order to move forward with implementation.
665	Vickie Gates	**II. Quality & Transparency Work Group** • Primarily the same membership with a few additions, specifically Ken Ruttledge of the Oregon Association of Hospitals & Health Systems, Ralph Prows from Regence of Oregon, & John McConnell from the Department of Emergency Medicine at OHSU. • March 9 meeting included a presentation from OHPR staff on existing hospital discharge data and patient-safety indicators (in an effort to determine what data is available right now that could be made available to the public to aid consumers' health care decision-making). • The hospital association is interested in providing more of this kind of data to the public and to interested parties; the work group will explore how OHPR can collaborate with hospitals in this effort • The work group sees its role as that of a technical and policy resource to OHPR. • OHPR staff will return to the next work group meeting with a set of questions soliciting work group feed back; there will be discussion of: the available data sets' timeliness and recommendations for change, overviews/best practices of the 13 other states with active transparency initiatives, inventory of existing proprietary programs, current direction of the Oregon Association of Hospitals & Health Systems. • Vickie Gates would like to get a report from Joel Ario on what data may be available from the Insurance Division. • Alice Dale distributes copies of the Oregonians' for Health Security Report (Exhibit M).
700	Rick Wopat	**III. Delivery System Models Work Group** • First meeting will be April 7. • Rick Wopat and others from Oregon attended the Community Health Solutions conference in Tampa, Florida earlier this month put on by the Association for Community Health Improvement and Communities Joined in Action; 420 people attended. There were displays of community health solutions models from across the nation that will be useful in driving the work group discussion.
730	Sandy Johnson	**Racial & Ethnic Health Disparities in Multnomah County: 1999-2002, with addition of new 2003 numbers (Exhibits I &Ii)**

TAPE/#	Speaker	Comments
TAPE 1, B		
315		***Discussion***

- Why does Oregon have a stroke mortality rate higher than the national average? What is our stroke mortality vs. stroke morbidity? OHPR Data & Research staff can make data available from the stroke data clearinghouse to try to answer these questions.
- Can similar reports be compiled for the other counties in Oregon? Yes, but because of the small sample size in the more rural counties, it is often difficult to get statistically significant numbers and trends
- Can a statewide report be compiled? Yes, if sufficient resources are assembled (the data exists, it just needs to be teased out of existing data banks).
- Has Multnomah County identified reasons for these disparities such as differences in access to care, cultural barriers, etc? No. Research suggests that income and education levels contribute to disparities. However, disparities persist even after data is adjusted for these socio-economic factors, leading researchers to conclude that there is structural racism. Other studies have shown that medical professionals produce better treatment outcomes when they have more in common with the patient (ethnically, culturally, socially, etc).
- The IOM study did not definitively establish racism as the cause for health disparities, though it did conclude that disparities did not result simply result from differences in access. This led them to believe that the reasons may be cultural.
- Similar studies in the legal field have found that disparities in judicial outcomes across ethnic groups persist even after adjusting for socio-economic differences; this has been attributed to structural racism.
- Suggestions for the Commission on how it can meaningfully address this problem? There is need for further research into the "why" of disparities, beyond the "what" that this report provides; make sure that the healthcare workforce has an appropriate amount of cultural diversity/cultural competency training.
- Current Commission efforts on transparency and access will positively affect the racial disparity problem, and may in the process shed more light on the reasons for it and possible solutions.
- Multnomah County's goals to improve its health disparities (such as increasing the number of staff available to serve non-English speakers). The County has cultural competency training targets and it budgets for staff with culture-specific skills.

555	**Barney Speight**	**OMAP Report on Efficiencies & Cost Drivers** **(Exhibit K)**
705		***Discussion***

- Barney Speight will return in June or July with work group updates for the Commission.
- The legislative interim will be a good time to delve more into this discussion.
- Question: can the Medicaid reforms being discussed by the work groups be implemented administratively? Many of the reforms are community centered and could be implemented without legislation (for

TAPE/#	Speaker	Comments
TAPE 1, B		example, there is currently collaboration with the Oregon State University School of Pharmacy that has been very successful). • Medicare in relation to long-term care: the Commission might like to hear from James Toews from DHS' Seniors and People with Disabilities on that issue.
TAPE 2, A		**Presentations: Pay-for-Performance**
027	**Dave Sanders** **Albert DiPiero**	**"Pay-for-Condition" (Exhibit N)**
265		***Discussion*** • Question: how does pay-for-condition incent providers to give effective preventive care? Successes in prevention would factor into a provider's overall effectiveness score that would boost her reimbursement rate. • This model amounts to a form of capitation that may seem scary; however, it is valuable to the discussion of how to most effectively care for the chronically ill. This system could facilitate a "system of care" with greater continuity as opposed to the current model that measures care in discreet office visits. • Pay-for-condition is only appropriate for the severely chronically ill/ multiple chronically ill; for the general population, fully-capitated plans will be more effective reimbursement models. • Question: what is the need for infrastructure investment? This element is still in the development stage. • Commissioners applaud this effort and the lessons that it may provide.
380	**Maryclair Jorgensen**	**"Pay for Quality Taskforce"/The California Model (Exhibit L)**
560		***Discussion*** • This is a consortium of IPAs (there was a phone conference yesterday). Eugene IPAs have decided to design their own model and will insist that the health plans conform to it. Providence Portland IPA plans to take a different tack and attempt to be more collaborative and inclusive in the process. Smaller rural IPAs are involved in the dialogue but are not yet at the point of implementation.
590	**Jean Thorne**	**"Public Employees' Benefit Board (PEBB), Focus on Quality"(Exhibit J)**
855		***Discussion*** • Jean Thorne provided an overview of how PEBB includes quality as a criterion in its Request for Proposal process • PEBB will determine at a later date whether it will carve out a single Pharmacy Benefit Manager or have each of the medical plans administer its own. • Contracts beginning in January will be decided on at the June Board meeting.

TAPE/#	Speaker	Comments
TAPE 2, A		• Question: how does PEBB choose among a list of potential contracts with such geographic and risk diversity? The first step is to determine which plans best suit particular regions of the state, and then negotiate the best deal for each region. • Congratulations to PEBB on its collaborative contracting style and its courage in being the industry leader in system innovation. **Meeting adjourned 4:21p.m.**

Assignments:

- **Commissioners:** Please review HB 3653 and Commission "Policy & Procedures" document in advance of the April meeting when we will discuss our charter

Submitted By:	**Reviewed By:**
Jessica van Diepen	Gretchen Morley
Health Policy Commission Assistant	Health Policy Commission, Director

EXHIBIT SUMMARY

A – Agenda
B – Meeting Minutes February 17, 2005
C – 2003 Regular Session House Bill 3653
D – Commission Charter
E – Electronic Health Records Subcommittee Report Draft
F – Commission Summary Document
G – 2004 Community Forums Summary Report Draft
H – Status Report – House Bills & Legislative Concepts
I - "Racial & Ethnic Health Disparities in Multnomah County: 1990-2002", Multnomah County Health Department, Sandy Johnson
Ii – Power Point Presentation with new 2003 data, Sandy Johnson
J – Presentation Handout: Pay-for-Performance, Jean Thorne
K – Presentation Handout: Report on the DHS Oregon Health Plan Workgroups, Barney Speight
L – Presentation Handouts: Pay for Quality Taskforce, Pay for Performance "The California Way", "Initiate pay-for-performance before insurers insist", Maryclair Jorgensen
M – Oregonians for Health Security, "Beyond Oregon's Healthcare Crisis," February 2005
N – "Pay-for-Condition", Dave Sanders, Albert DiPiero, MDs

OREGON HEALTH POLICY COMMISSION

April 21, 2005 **Executive Bldg Room A, Salem**
1:09p.m. Tapes 1-2

MEMBERS PRESENT:
Jonathan Ater
Kerry Barnett
Geoff Brown
Alice Dale
Representative Billy Dalto
Representative Mitch Greenlick
Senator Ben Westlund
Vickie Gates
Rick Wopat, MD
Jim Lussier

MEMBERS EXCUSED:
Vanetta Abdellatif
Senator Richard Devlin
Governor Barbara Roberts
Jorge Yant

STAFF PRESENT:
Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)
Jessica van Diepen, Assistant, Oregon Health Policy Commission (OHPC)

GUEST SPEAKER: **Governor John Kitzhaber, MD**

ISSUES HEARD:

- **Next steps for the Oregon health care system, Gov. John Kitzhaber**
- **Legislative Update**
- **OHPC Planning Discussion**

These minutes are in compliance with Legislative Rules. <u>Only text enclosed in italicized quotation marks reports a speaker's exact words</u>. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 1, A		
005		• Roll taken and there is quorum. Call to order.
020	**John Kitzhaber**	***Remarks & discussion on the Oregon health care system***
TAPE 1, B		
005		***Discussion OHPC Planning*** • There is consensus that the Commission needs to have an in-depth discussion to craft a comprehensive vision for the future of health care so we know what we are working toward long term. • This should be initiated with a weekend team-building retreat this summer, probably late July.

DRAFT

TAPE/#	Speaker	Comments
TAPE 1, B		

- One hour of the May meeting will be dedicated to a "framing discussion" in advance of the retreat and resulting in an assignment for each Commissioner to complete between the May meeting and the July retreat.
- Commission staff will work with our legislative members to determine their availability for the retreat
- We expect one to two openings on the Commission in the near future. The date for the retreat should not be contingent on new member installment, as this can take several months. However, every effort will be made to get any vacant seats filled as soon as possible.

720 — ***March meeting notes approved***

- Future meeting notes will reflect discussion topics with reference to the location of each on the audiotapes and decision points.

785 — ***Process of electing officers for the state fiscal year 2005-6***

- Terms of Chair and Vice-Chair expire with each fiscal year on June 30.
- Election of new officers will be held at the June meeting.

TAPE 2, A

- Chair asks that anyone interested in serving as either Chair or Co-Chair contact Gretchen Morley.
- Chair is willing and interested in serving one more year, though he sees the value in rotating who is Chair and encourages anyone who is interested to put himself or herself forward.

030 — ***Discussion – How should the Commission advise the Governor in filling vacancies?***

- Suggestions included:
  - Emphasis on greater ethnic diversity or safety net connections. Several agree that someone from the Yakima Valley Farm Workers Clinic would be a strong choice.
  - New members should have a significant health policy background and expertise (e.g., nurse, doctor, health-related technology expert).
  - Private-sector representative not directly connected to the health care industry.
  - Someone involved with health status rather than health care.
- Please let Gretchen Morley know of any specific suggestions you have for filling any open Commission positions that arise.
- Gretchen Morley will communicate with the Governor's office about getting any vacancies filled as expeditiously as possible.

170 — ***Discussion – Legislative Matrix document***

- Item 3: OHPR reports will be provided to Commissioners for review. There will be no meeting time allotted for this unless someone has a specific concern they would like to raise before the group.

DRAFT

TAPE/#	Speaker	Comments
TAPE 2, A		

- Item 4: There is agreement that the Commission should invite a different speaker to each meeting to give voice to perspectives that are not currently represented on the Commission or unknown to Commissioners. There should be a broad spectrum of advocates. Regular players like the Oregon Medical Association and the Oregon Association of Hospitals & Health Systems should also be invited to come and speak in order to build relationships between interested parties and the Commission. Please send ideas for speakers to Gretchen Morley.
- Items 6 & 8: How should the Commission manage its legislative concepts and provide advice to the Governor and the Legislature?
  - ➢ Work with interim committees to craft good language and build momentum for bills before Session begins.
  - ➢ Put on training for legislators on important policy issues; the first two weeks of Session might be an ideal time for this.
  - ➢ After sine die, the Commission should debrief its bills with its legislative members to see what can be learned from this Session.

370

Legislative Report

- HB 2025 (Fluoridation) – hearing scheduled Wednesday, April 27, in the Senate Committee on Environment & Land Use. There is a suggestion that now is the time for anyone connected with the Commission who has a relationship with any one of these Committee members to contact them and advocate for this bill. Gretchen Morley will keep the Commission apprised of the bill's status. The Commission will submit a position paper, citing good studies, to the Committee prior to Wednesday's hearing.
- Other Commission-related bills getting action: HB 2024 on the use of tobacco settlement funds recently had a hearing; SB 541 on electronic medical records will soon be up for a Senate floor vote.
- Gretchen Morley will consult with Bruce Anderson in the Speaker's office about introducing a bill to allow the Commission to stagger its terms of service.

712

Work Group Reports

- Quality & Transparency – July 1st target date for posting hospital charge data and safety indicators on the OHPR Website. Three subgroups will work between meetings to achieve this aggressive timeline: Statistical, Clinical, & Communications. The next step will be to examine Medicaid charge data. SB 1040 is getting action and would mandate additional information sharing.

TAPE 2, B

- Healthy Oregon – over the summer will conduct a statewide inventory of current health status efforts and will make a quality assessment for each with the goal of promoting coordination between related successful efforts. Ideas under consideration included: learning of successful programs nationwide; possibly sponsor a statewide summit; ultimately be able to provide, program assistance, education, and technical assistance to those who call in for help. Discussion of adopting a disease (like diabetes) and

DRAFT

TAPE/#	Speaker	Comments
TAPE 2, B		crafting a public awareness/prevention campaign along the lines of past tobacco cessation efforts.
090		• Delivery System Models – had its first meeting earlier this month with 100% attendance and a lot of energy. Rick Wopat has been planning a bi-state summit (with Washington) that the Commission may want to be involved in. The Northwest Health Foundation may have interest in being a sponsor.
		Meeting adjourned 4:39 p.m.

Assignments:

- **Commissioners:**
  1. **Contact Gretchen Morley if you are interested in serving as an officer in the '05-'06 fiscal year.**
  2. **Contact Gretchen Morley with specific suggestions for filling upcoming Commission vacancies.**
  3. **Contact Gretchen Morley with ideas for future speakers for Commission meetings.**
  4. **Contact or encourage appropriate people to contact members of the Senate Committee on Environment & Land Use in support of HB 2025 (Fluoride).**
- **Commission staff**
  1. **Contact our legislative members about the summer retreat.**
  2. **Work with the House Speaker's office about amending our legislative charter to allow for staggering of Commissioners' terms.**
  3. **Communicate with the Governor's office about filling vacant seats as soon as possible.**
  5. **Keep Commission apprised of HB 2025 status and submit a position paper from the Commission to the Senate Committee on Environment & Land Use in support of HB 2025 (Fluoride) ahead of its hearing on Tuesday.**

Next agenda:

- **Legislative Update**
- **Workgroup Updates**
- **Monthly Guest Speaker**
- **Framing discussion for summer retreat and crafting a long-term vision, 1 hour**

June Agenda:

- **Election of officers**

Submitted By:	**Reviewed By:**
Jessica van Diepen	Gretchen Morley
Health Policy Commission, Assistant	Health Policy Commission, Director

EXHIBIT SUMMARY

A – Agenda
B – Meeting Minutes March 17, 2005
C – OHPC Activity Summary, April 2005
D – "What is the Oregon Health Policy Commission?"
E – OHPC Coordination & Collaboration Diagram
F – HB 3653
G – OHPC Policies & Procedures
H - Legislative Matrix
I – "The Oregon Health Care Options Matrix", Foundation for Health Care Coverage Education, 2004
J – "Condition based payment: improving care of chronic illness", Albert DiPiero, David Sanders, British Medical Journal, Vol. 330, March 19, 2005, bmj.com.

OREGON HEALTH POLICY COMMISSION

May 19, 2005 **Executive Bldg Room A, Salem**
1:44p.m. Tapes 1-2

MEMBERS PRESENT:	**Kerry Barnett** **Vanetta Abdellatif** **Jonathan Ater** **Geoff Brown** **Alice Dale** **Representative Mitch Greenlick** **Vickie Gates** **Rick Wopat, MD**
MEMBERS EXCUSED:	**Representative Billy Dalto** **Senator Richard Devlin** **Jim Lussier** **Governor Barbara Roberts** **Senator Ben Westlund** **Jorge Yant**
STAFF PRESENT:	**Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)** **Jessica van Diepen, Assistant, Oregon Health Policy Commission**
GUEST SPEAKER:	**Tina Edlund, Office for Oregon Health Policy & Research** **Kevin Earls, Oregon Association of Hospitals & Health Systems**

ISSUES HEARD:

- **Legislative update**
- **Presentations: Hospital quality & transparency data projects**
- **OHPC planning discussion**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 1, A		
005		**I. Call to Order** • **There is quorum**
020		**II. Approval of Minutes** • **April 21, 2005 minutes approved as submitted**
097	**Gretchen Morley**	**III. Legislative Update** • HB 2496 will be amended to enact the staggered-term changes for the Commission • SB 860 had a hearing (School nutrition standards). SB 860 has been amended to require schools to adopt individual wellness plans, passed the Senate, currently in House Business & Labor Committee

TAPE/# Speaker Comments

TAPE 1, A

- SB 541B (Electronic health records) – passed Senate; scheduled for a hearing in the House Health & Human Services Committee Monday May 23 at 8:30a.m.
- SB 675 (Childhood obesity study) – scheduled for hearing Monday May 23, 8:30a.m.
- HB 2025 (Fluoride) – in Senate Environment & Land Use Committee; has had one hearing. Members, please contact committee members to communicate the Commission's commitment to fluoridation
- SB 1040 (Adding new data requirements from insurance companies to DCBS) – passed Senate, in the House.

IV. Presentations: Hospital quality & transparency data

300 **Tina Edlund**

A. Update on Quality & Transparency Workgroup (Exhibit C)

Discussion

- Parking lot items: 1) integrating racial disparities data, 2) discussion of reporting of cost data and hospital pricing strategies
- Workgroup needs to consider the usefulness of the bar charts to the lay reader (specifically the use of confidence intervals), though there is consensus that the first consumer of this data will likely be the health care industry and not the general public

TAPE 1, B

050 **Kevin Earls**

B. Update on Oregon PricePoint Website

- Orientation of OAHHS quality workgroup is toward performance measures like the CMS data (in the manner of hospitalcompare.com, but better engineered like wicheckpoint.org)
- Can be integrated into OHPR work; work is complementary
- Data display & communication: bar graph & table
- 1st step: 15 measures around heart attack, congestive heart failure & pneumonia. This deliverable will serve as a motivating force to improve data collection processes at the community level.
- The quality improvement efforts OAHHS hopes will come out of this process will require the cooperation of physicians as well as hospitals to implement. Reference to Health Affairs article "Measure, Learn, & Improve: Physicians' Involvement in Quality Improvement", *Anne-Marie J. Audet, Michelle M. Doty, Jamil Shamasdin, and Stephen C. Schoenbaum*, March/June 2005, Vol. 24, No. 3.
- PricePoint: public data formatted for consumers and researchers to search by hospital, by county, by peer group at the DRG level. Shows 12 months worth of data, updated quarterly. This is intended to be a first step in the reporting process.
- Customer: individual consumer
- Rationale for using charge data: 1) it provides a common standard, 2) demonstrates clearly the "truth of the three purchasers": Medicare, Medicaid, & commercial, 3) shows provision of uncompensated care (uncompensated care= bad debt + charity care).

- Link to financial assistance policy of each hospital; rarely if ever documented in this fashion for consumers.
- Rationale against cost/reimbursement reporting by hospital by procedure:
  - Hospitals provide a broad range of services, some more costly to provide than others. The burden of providing higher-cost services is offset by inflating the price of less-costly services.
  - Hospitals provide services to a disproportionate number of Medicare/Medicaid and low-income people
  - Hospitals are usually not-for-profit (average profit margin for Oregon hospitals in 2003 was ~5%),
  - Hospitals are at a regulatory disadvantage to for-profit outpatient surgical centers. Ambulatory surgical centers are not subject to Certificate of Need and provide only the high-profit services that hospitals use to offset the cost of providing other less profitable services.

Discussion

- Deliberation on quality & transparency issues needs to be cognizant of and sensitive to hospital market competition issues and government regulation. The Commission should not, however, shy away from the discussion or the principle of greater transparency and quality improvement efforts.
- Long-term discussion may involve a re-envisioning of the role and the model for the community hospital.
- The Commission should host a discussion at some point of the market roles of hospitals vs. ambulatory surgery centers (non-profit/for-profit) and the government regulation of each

650 **V. Other Workgroup Updates**

A. Delivery System Models

- Meeting on May 21 brought the group to greater clarity about its charter and a better understanding of the role of the Safety Net Advisory Council vs. the role of the workgroup.
- Related to the Delivery Systems Models workgroup, Rick Wopat will be bringing to the June meeting a one pager on the Bi-State Summit he is involved in planning to discuss Commission support/involvement in the event. The summit will meet August or September. The day long event will be designed to convene federal, state and local policy makers as well as other public and private stakeholders in order to: 1) Glean an understanding of community-created solutions that improve access to needed health services; 2) Recognize the importance of, and possible ways to support community-created solutions; and 3) Secure commitments to concrete strategies that support community created solutions.

B. Healthy Oregon

- In Jim Lussier's absence, Gretchen is continuing to bring in community stakeholders to take part in the project. The next meeting will be in June.

TAPE/#	Speaker	Comments
TAPE 2, A		
690		**VI. OHPC Retreat Planning Discussion**

- **Outcome & Goals:**
  - Better understand the professional healthcare backgrounds of Commissioners and their organizations
  - Discuss the big picture of where the healthcare system should be (creating a vision)
  - Outline the steps to achieve the vision
  - Realistic discussion of barriers and the leverage points to overcoming them
  - Define the [legislative] role of the OHPC in shaping policy
  - Identify partners and craft a process for communicating with them in a systematic, effective way
  - Expressed interest to discuss the role of insurance companies in healthcare reform
- **Logistics:**
  - Date: Thursday or Friday, late September, maybe 22nd or 23rd; whatever date we choose should work for all four of our legislative members
  - Length: 1 day, with a social, no-host dinner the night before
  - Venue: Portland, casual setting, i.e. restaurant function room
  - Neutral Facilitator: find someone who comes recommended or who we already know is effective
  - Prework: each Commissioner will spend time writing down his/her thoughts on a topic to be confirmed at the June meeting, preferably for circulation to the other Commission members in advance of the meeting.

Meeting adjourned 4:33 p.m.

Assignments:

- OHPC staff will research possible retreat venues and OHPC budget allowances; also make a list of potential facilitators
- ***Healthy Oregon Program* Work Group** Next steps: Meeting in June; further development of concept
- **Quality & Transparency Work Group** Next steps: Continued work on the hospital quality data, working toward web posting on July 1.
- **Delivery System Models Work Group** Next steps: Finalize work plan and goals at the June meeting.

June 16 Meeting Agenda:

- Legislative Update
- Retreat planning update
- Workgroup Updates
- Tentative guest speakers: Susan Allan, Oregon State Public Health Officer, to discuss public health and the Commission and Joel Ario, Insurance Administrator DCBS, to discuss the state's private insurance market and possible next reform steps.

Submitted By:	**Reviewed By:**
Jessica van Diepen	Gretchen Morley
Health Policy Commission Assistant	Health Policy Commission, Director

EXHIBIT SUMMARY
A – Agenda
B – Meeting Minutes April 21, 2005
C - Quality & Transparency Workgroup progress report